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CONFIRMATION NO. 7051

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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\* A-T \*\*\*\*\***  
 This application is a CIP of 10/312,779 04/01/2003 \* which is a 371 of PCT/JP01/05703 07/02/2001  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\* A-T \*\*\*\*\***  
 JAPAN 2002-352354 12/04/2002  
 JAPAN 2000-198736 06/30/2000  
 JAPAN 2000-314550 10/16/2000  
 JAPAN 2001-002673 01/10/2001  
 JAPAN 2001-057226 03/01/2001  
 JAPAN 2001-187969 06/21/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 03/12/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 91	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>A-T</u> Examiner's Signature Initials				

**ADDRESS**  
 20457

**TITLE**  
 Image diagnosis supporting device

<b>FILING FEE RECEIVED</b> 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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